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HEALTH OF THE CITY

for the Year

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By

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.

Medical Officer of Health.

THE HEALTH COMMITTEE, 1955.

CITY COUNCIL MEMBERS

Chairman - Alderman Dr. W. Moore-Ede

Vice-Chairman }
The Mayor } Alderman Spalding

Alderman Bennett
Alderman Built
Alderman Bullock
Alderman Mrs. Urry

Councillor Bird
Councillor Brotherton
Councillor Daniel
Councillor Miss Dorrell
Councillor Evans
Councillor Exall
Councillor Phillips-Broadhurst
Councillor Powell
Councillor Mrs. Ratcliffe
Councillor Rea
Councillor Trembath
Councillor Watts
Councillor Weaver.

NON-COUNCIL MEMBERS (Nominated by the Local Executive Council)

Representing the Medical Profession. Dr. D. M. Brierley.
Dr. A. E. Milligan.
Dr. Margaret Norton.

Representing the Dental Profession Major H. M. Griffiths

Representing the Ophthalmic Profession. Mr. I. Lloyd Johnstone.

Representing the Pharmaceutical Profession. Mr. G. A. Turner.

HEALTH SUB-COMMITTEESAccounts

Alderman Built	Councillor Brotherton
Alderman Moore-Ede	Councillor Mrs. Ratcliffe
Alderman Spalding	Councillor Watts

Baths

Alderman Bullock	Councillor Evans
Alderman Moore-Ede	Councillor Powell
Alderman Spalding	Councillor Trembath
Councillor Bird	Councillor Watts
Councillor Brotherton	Mr. B. Whenan
Councillor Miss Dorrell	

Health Centres

Alderman Bullock	Dr. Duncan
Alderman Moore-Ede	Dr. Milligan
Alderman Spalding	Dr. Mills
Councillor Daniel	Mr. R. M. Hall
Councillor Exall	Mr. E. R. Harris
Councillor Mrs. Ratcliffe	

Mental Health Services

Alderman Bullock	Councillor Mrs. Ratcliffe
Alderman Moore-Ede	Dr. Brierley
Alderman Spalding	Mr. T. H. Griffiths
Councillor Brotherton	Mr. W. H. Jones
Councillor Evans	Miss J. Tree

Midwifery, etc.

Alderman Bennett	Councillor Miss Dorrell
Alderman Built	Councillor Mrs. Ratcliffe
Alderman Moore-Ede	Councillor Trembath
Alderman Spalding	Councillor Weaver
Alderman Mrs. Urry	Dr. Milligan
	Dr. Norton.

Property Inspection and Housing Allocation

Alderman Bullock	Councillor Daniel
Alderman Moore-Ede	Councillor Miss Dorrell
Alderman Spalding	Councillor Mrs. Ratcliffe
Alderman Mrs. Urry	Councillor Trembath
Councillor Bird	Councillor Weaver

Staffing

Alderman Bennett	Alderman Spalding
Alderman Bullock	Councillor Phillips-Broadhurst
Alderman Built	Councillor Mrs. Ratcliffe
Alderman Moore-Ede	Councillor Weaver



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PUBLIC HEALTH DEPARTMENT STAFF, 1953

MEDICAL OFFICER OF HEALTH and PRINCIPAL SCHOOL MEDICAL OFFICER.	A.J.B. Griffin, M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICERS	E. G. Henderson, M.B., B.Ch., B.A.O., D.P.H. (a)
	M.K.E. Allington, B.A., M.B., B.Ch., D.C.H. (a)
CHEST PHYSICIAN (part-time)	Dr. E. N. Moyes, (Chest Physician - Regional Hospital Board)
CHIEF DENTAL OFFICER	C. M. Burleigh, L.D.S.(a) (Resigned 31st May 1953)
	Betty Jacques, B.D.S., L.D.S.(a) (Appointed 1st October, 1953)
DENTAL OFFICERS	Betty Jacques, B.D.S., L.D.S.(a) (Appointed Principal School Dental Officer 1st October, 1953.)
	E.R. Dowland, L.D.S., R.C.S. (England), (a) (Commenced duty 1st October 1953).
DENTAL RECEPTIONISTS	Miss R. J. Tarbuck (a) Miss M. A. Hunt (a)
PUBLIC ANALYST	Mr. M. M. Love, F.R.I.C., (County Analyst - Services utilised by arrangement with Worcestershire County Council.)
CHIEF SANITARY INSPECTOR	Mr. P. L. Parsons, (b), (c). (Retired 25th March, 1953)
	Mr. T.W. Marsden, (b), (c), (j), (k) (Appointed 25th March, 1953).
DEPUTY CHIEF SANITARY INSPECTOR	Mr. T.W. Marsden, (b), (c), (j), (k) (Appointed Chief Sanitary Inspector 25th March, 1953).
	Mr. R.V. Redston, (b), (c), (j), (k), (o) (Commenced duty 7th April, 1953)
DISTRICT SANITARY INSPECTORS	Mr. J. H. Benjamin, (b), (c) Mr. H. Jackson, (b) Mr. R. J. Morse (b), (c)
TUBERCULOSIS NURSE	Mrs. M.W. Cotterill, (d), (e) (Joint Appointment Regional Hospital Board.)
HEALTH VISITORS and SCHOOL NURSES.	Miss D.M. Catlin, (a), (d), (e), (f), (h) Miss A. C. Cope, (d), (e), (f), Miss S. Eastman, (a), (d), (e) (f). Mrs. M.L. Hayton - temporary appointment. (a), (e).

PUBLIC HEALTH DEPARTMENT STAFF, 1953 (Cont'd).

	Miss N.A.Hardiman, (a), (d), (e), (f). (Commenced duty 22nd June, 1953).
	Miss P.O.Viles, (a), (d) (e), (f), (g). (Commenced duty 22nd June 1953)
	Miss G. M. Roberts, (a), (d) (e), (f). (Commenced duty 6th August, 1953.)
SUPERINTENDENT, NURSING INSTITUTE and NON-MEDICAL SUPERVISOR OF MIDWIVES.	Miss E. M. Bazley, (d), (e), (f), (g).
ASSISTANT SUPERINTENDENT, NURSING INSTITUTE.	Miss H. M. Downes, (d), (e), (g)
CLERK AT NURSING INSTITUTE	Miss M. M. Parsons.
DOMICILIARY MIDWIVES	Mrs. F. Langley (d), (e) Miss M.L. Thompson, (d), (e) Miss E. M. Cooper, (d), (e). Mrs. M. Ellis (d), (e). (Resigned 31st January, 1953)
MIDWIVES, NURSING INSTITUTE	Miss M. Martin, (d) (e) (Commenced duty 1st January 1953).
	Miss K. M. Vigour, (d), (e), (g). (Resigned 5th March, 1953)
CHIEF CLERK	Mr. F. M. Christian.
ASSISTANT CLERKS	Mr. J. A. Everett Mr. J. Tolley Miss E. C. Griffin Miss D. S. Cottrell. Miss P. Porter Miss P. Fairbairn. Miss M. R. Oliver (commenced duty 31st August, 1953. Miss V. Cragan (a) Miss S. Fisher (Resigned 12th September, 1953) Miss S. J. Wintle (Commenced duty 30th November 1953.) Miss H.F.M. Bale) Transferred to Mrs. I. Keegan) School Health Service, full- time 7th September, 1953
DULY AUTHORISED OFFICERS	Mr. A. E. Turner Mr. J. A. Everett (n)
DISINFECTOR, VAN DRIVER, etc.	Mr. C. A. Webb
ROD ENT OFFICER	Mr. P. Rowberry

PUBLIC HEALTH DEPARTMENT STAFF, 1953 (Cont'd)

DAY NURSERIES - Matrons

Miss C. Pain (i)
Miss M. E. Partridge (i)
Miss S. M. Parry (i)
(Resigned 19th March, 1953)
Mrs. M. J. Grieves (i)
(Acting Matron from 15th
July to 30th November, when
one Nursery was closed.)

- (a) Joint appointment - Maternity and Child Welfare and School Health Service
- (b) Inspector's Certificate of Royal Sanitary Institute.
- (c) Certificate of Royal Sanitary Institute for Inspecting of Meat and Other Foods.
- (d) Certificate of Midwives Board.
- (e) State Registered by Examination
- (f) New Health Visitor's Certificate.
- (g) Queen's Nurse.
- (h) Senior Health Visitor
- (i) Norland Trained Nursery Nurse.
- (j) Smoke Inspectors' Certificate.
- (k) Sanitary Science as applied to Buildings and Public Works
- (l) Certificate of Royal Institute of Public Health and Hygiene
- (m) Royal College of Preceptors Senior Certificate (distinction)
- (n) Relief duties only.
- (o) Diploma in Public Administration.

THE
REPORT OF
THE MEDICAL OFFICER OF HEALTH FOR THE
YEAR 1953

To the Right Worshipful the Mayor, Aldermen and Councillors
of the City of Worcester.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my report on the Health of the City for the year 1953.

The survey must always be incomplete for while information on epidemiology is reasonably full and dependable, much of the statistical information deals with mortality, and our knowledge of morbidity - that is to say departure from normal health - is indeed scanty.

Only through the larger publications of the Ministry of Health and Ministry of National Insurance, can we learn of the millions of bottles of medicine swallowed, the hundreds of thousands of operations performed and the millions paid in sick benefit to members of a very disease-conscious nation.

The extent of mental illness grows and if the present trends continue, a stage will be reached when not to have spent some time in a mental hospital, will be a distinction.

Much mental and physical ill health is preventable but cannot be prevented by inadequate public health staffs. Just as compulsory education improved the public health by removing ignorance, so dissemination of knowledge of disease prevention must reduce preventable sickness.

No serious epidemics affected the City during the year although considerably more than the normal number of cases of measles were notified without a single death.

A slightly raised death rate was more than balanced by an increased birth rate; neither the Damoclean threat of the atomic bomb nor inflation, appears to deter our young people

from marriage and children.

May 1953 saw the birth of a new offshoot from the Health Committee in the shape of the Problem Family Sub-Committee. The structural functions and work of this Sub-Committee is the subject of a more detailed report elsewhere.

One of the first established in the Country, our Home Help Service continues to thrive and extend its work at the same time relieving pressure upon beds in hospitals and Part III accommodation.

The Ambulance Services operated by the Voluntary Ambulance Sub-Committee successfully met all demands upon it, at a most praiseworthy low expenditure, thanks largely to the voluntary services of members of the St. John Ambulance Brigade and of the British Red Cross Society.

Individual unfit properties have been demolished in cases where they were unsafe but our records show that some 1200 unfit houses will call for condemnation when slum clearance once again gets under way.

The details that follow by no means chronicle all the activities of the Health Department Staff - for if variety is the spice of life, then a Health Department has it and to this staff my thanks are due for their support and loyalty.

I acknowledge the co-operation of my local government colleagues and express my appreciation of the continued support of the Council and Health Committee.

I have the honour to be

Your obedient servant,

A.J.B. GRIFFIN

Medical Officer of Health.

SECTION IGENERAL STATISTICS

Area (in acres)	6,114
Estimated Population	62,980
Number of inhabited dwellings	19,048
Number of persons per dwelling	3.3
Rateable value of the borough	£473,045
Product of a Penny Rate	£1,883

VITAL STATISTICS

	<u>City of Worcester.</u>	<u>England & Wales</u>
Deaths (all causes)	684	-
Death rate per 1,000 population	10.8	11.4
Births	1026	-
Birth rate per 1,000 population	16.3	15.5
Stillbirths	18	-
Still Birth Rate (per 1,000 total live and still births)	17.2	22.4
Infant Deaths	27	-
Infant Death Rate (number of deaths per 1,000 live births)	26.3	26.8
Maternal Deaths	Nil	-
Maternal Death Rate (number of deaths of mothers per 1,000 live births)	Nil	0.76
Death rate from all forms of Tuberculosis	0.27	0.20

COMMENT UPON STATISTICS

With the exception of the Tuberculosis Death Rate, the City vital statistics compare favourably with those of England and Wales as a whole.

The Registrar General's figure of estimated population for mid-year 1953 was 62980, representing an increase over 1952 of 350. Actually at the end of the year our figures showed an excess of births over deaths of 342.

The population of 62980 was housed in 19048 available dwellings, giving a population per unit of housing accommodation of only 3.3.

This housing unit figure of 3.3 relates to separate individuals. When reference is made to the legal standards for overcrowding it is seen that a child below 10 years of age is counted as half a unit, and a child below 1 year is not counted at all. If these standards were applied, the housing unit figure of 3.3 persons per dwelling would become still smaller.

This supports the departmental view that taking the City as a whole there is no overcrowding and consequently no need to build to abate overcrowding. There is still need for local authority building to rehouse persons displaced by slum clearance.

BIRTHS

<u>Year</u>	<u>Number of Births</u>	<u>Rate per 1,000 population</u>
1943	1025	16.8
1944	1205	20.2
1945	1073	18.3
1946	1228	20.4
1947	1256	20.66
1948	1118	18.16
1949	999	14.5
1950	979	15.6
1951	908	14.55
1952	989	15.5
1953	1026	16.3

Slowly the birth rate has crept up to the figure for 1942 - slowly perhaps because of global uncertainties, though as a nation our people were never more secured against the hazards of life.

DEATHS

The death rate shows an increase per 1,000 of 0.27 as compared with 1952, but is still below that of England and Wales as a whole.

While the application of modern medicine to geriatrics coupled with the economic advantages of the Welfare State, is extending the life period, a greater section of the population is becoming elderly; with mortality, the one certainty, the death rate must tend to rise and sooner or later there must be a period of good business for the morticians.

The following table gives the causes of deaths in accordance with the abridged table of the Registrar General:-

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1. Tuberculosis, respiratory	-	-	-	-	4	7	1	-	12
2. Tuberculosis, other	-	2	-	1	2	-	-	-	5
3. Syphilitic disease	-	-	-	-	1	1	-	-	2
4. Diphtheria	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	2	-	-	1	-	-	-	-	3
10. Malignant neoplasm, stomach.	-	-	-	-	-	5	8	6	19
11. Malignant neoplasm, lung, bronchus	-	-	-	-	1	14	4	-	19
12. Malignant neoplasm, breast	-	-	-	-	-	8	-	6	14
14. Malignant neoplasm, uterus	-	-	-	-	-	3	4	1	8
14. Other malignant and lymphatic neoplasms	-	1	-	-	5	20	18	18	62
15. Leukaemia, aleukaemia	-	1	1	-	-	-	1	1	4
16. Diabetes	-	-	-	-	-	-	2	2	4
17. Vascular lesions of nervous system	-	-	-	-	1	23	31	66	121
18. Coronary disease, angina	-	-	-	-	2	19	28	19	68
19. Hypertension with heart disease	-	-	-	-	-	1	6	1	8
20. Other heart diseases	-	-	-	1	4	15	25	72	117
21. Other circulatory diseases.	-	-	-	-	1	1	12	11	25
22. Influenza	-	-	-	-	-	3	-	1	4
23. Pneumonia	4	-	-	-	-	7	6	11	28
24. Bronchitis	-	-	-	-	-	7	12	12	31
25. Other diseases of respiratory system	-	-	-	-	1	1	1	3	6
26. Ulcer of stomach and duodenum	-	-	-	-	-	1	1	3	5
27. Gastritis, enteritis and diarrhoea	-	-	-	-	1	-	2	-	3
28. Nephritis and Nephrosis	-	-	-	-	2	1	2	1	6
29. Hyperplasia of prostate	-	-	-	-	-	-	1	4	5
30. Pregnancy, child-birth, abortion.	-	-	-	-	-	-	-	-	-
31. Congenital malformations.	4	-	-	-	-	1	1	-	6
32. Other defined and ill-defined diseases.	17	-	-	-	3	14	7	17	58
33. Motor vehicle accidents	-	1	1	-	5	1	-	2	10
34. All other accidents	-	-	2	-	-	4	4	12	22
35. Suicide	-	-	-	-	1	4	3	1	9
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-
Totals	27	5	4	3	34	161	180	270	684

Communicable Diseases

Excluding tuberculosis there were the following deaths for communicable diseases

Syphilis	2	Influenza	4	Other infections	3
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That syphilis can still kill is a reminder of the need for early and continuous treatment at the centre provided.

Heart Disease

Heart disease scored 125 deaths: 72 among persons aged 75 and upwards, in whose cases it might be regarded as a mode of dying rather than a cause of death. Our experience in the School Health Service shows that heart disease caused by rheumatic fever is becoming relatively rare.

Cancer

122 persons died from cancer, the mean age at death being 67.

The sites of the disease were as listed below:-

Cancer of uterus	8
Cancer of stomach and duodenum	19
Cancer of breast	14
Cancer of rectum	8
Cancer of bronchus and lung	19
Cancer of colon	7
Cancer of ovary	5
Cancer of prostate	8
Cancer of liver	7
Cancer of oesophagus	4
Cancer of all other sites	23
	<u>122</u>

Tuberculosis

Tuberculosis claimed only 17 victims - continued evidence of the success of the newest drugs in the treatment of the disease.

The tuberculosis death rate was the lowest ever recorded in the City.

Violent Causes

41 people met a violent end compared with 24 in 1952. These figures included 10 motor vehicle fatalities and 9 suicides. 7 of the fatal motor accidents removed persons below the age of 45, 5 being within the 15 to 45 age group.

These figures are saddening but not surprising. There is a great concern over road deaths yet very little is done. Lack of road sense, lack of manners, inadequate deterrent punishment for serious offences, all contribute to the holocaust of the roads, which is accepted as an inevitable accompaniment of our so-called civilization.

These are preventable deaths , but more than kid-glove methods are needed for their prevention.

Nine people living in "no mean City" within the Welfare State, loved life so little that they committed suicide.

Infant Mortality

Infant deaths assigned according to causes

Congenital malformations	3
Atelectasis	2
Pneumonia	5
Dysentery	1
Prematurity	10
Asphyxia	1
All other causes	5
	<hr/>
	27
	<hr/>

Comparative Infant Death Rate Table

1934	58.8	1944	47.3
1935	52.5	1945	28.8
1936	55.3	1946	40.7
1937	48.5	1947	46.2
1938	53.8	1948	38.46
1939	37.8	1949	30.0
1940	73.4	1950	21.4
1941	68.0	1951	27.5
1942	47.76	1952	28.3
1943	46.8	1953	26.3

It is pleasant to think that the infant death rate is less than half it used to be twenty years ago, and to know that the Public Health Department has had something to do with this happy result.

Of the 27 infants who died during the year, 22 died within a month of birth giving a Neo-Natal death rate of 21.4. Only 5 children were lost after reaching 1 month.

Good health visitors had a hand in this good work. To obtain the necessary three qualifications, a nurse has to train and study continuously for a minimum period of $5\frac{1}{2}$ years. Compared with clerical staff in Local Government they are underpaid.

SECTION II

LOCAL HEALTH SERVICES

A. GENERAL ADMINISTRATION

1) The National Assistance Acts are operated on behalf of the Council by the Welfare Committee. The Medical Officer of Health is responsible only for any necessary action under Section 47 of the 1948 Act, or under the 1951 Amendment Act. He is also available to advise the Welfare Committee on any matters of policy of a medical character referred to him and in similar matters to assist the Director of Welfare.

2) The National Health Service Acts 1946 - 1952 are operated on behalf of the Council by the Health Committee whose various Sub-Committees are detailed at the commencement of this report.

3) Medical Staffing

The qualifications of medical staff have already been detailed. The Medical Officer of Health is administratively responsible for the whole of the Local Authority Public Health Services; for the School Health Service; the medical supervision of the residential nurseries controlled by the Children Committee; the medical examination of all Corporation officers and servants; the examination of all plans; the operation of the Pharmacy and Poisons Acts, the Pet Animals Act and such other duties as the Council may appropriately direct.

He is assisted by two whole-time female assistant Medical Officers of Health engaged almost exclusively upon clinical duties, and has no administrative deputy.

4) Other Staff

The professional dental staff consists of a Senior Dental Officer and a Dental Officer, both whole time. Their duties are concerned for the most part with the dental side of the School Health Service.

The Health Visiting staff is below strength; the Sanitary staff is adequate but may need to be increased in consequence of impending new legislation; the Mental Health Services staff is barely adequate and better and more preventive work could be done with the help of an administrative deputy.

5) Co-ordination and Co-operation with other parts of the National Health Service

There have been no alterations to the conditions disclosed in my Survey Report of 1952, except that the Chest Physician is now satisfactorily established in accommodation at the Worcester Royal Infirmary and no longer needs to operate his administration from the Health Department.

B. PART III SERVICES, NATIONAL HEALTH SERVICE ACTS. 1948 - 1952

6) Care of Expectant and Nursing Mothers and Children under School Age.

Expectant and Nursing Mothers

The following services are provided:-

Health Visitor Service
Domiciliary Midwifery Service
Ante-Natal Clinic
Supply of dried milk, milk foods
and vitamin supplements
Dental Treatment
Supply of Maternity Outfits
Home Help Service.

Two ante-natal clinics are held weekly at the local authority's main centre and one weekly, by a practitioner, at the Nursing Institute; this latter clinic is particularly useful in the training of pupil midwives.

The tripartite division of midwifery between the Regional Hospital Board, the Local Executive Council and the Local Health Authority is reacting adversely - as was expected - upon the ante-natal clinics of the Local Health Authority. Local authorities pioneered ante-natal work but have ceased to have any interest in confinements except through their employed midwives now become the handmaidens of the domiciliary medical practitioner. Increasingly, confinements take place in maternity wards and the original need for local authority ante-natal clinics is fast disappearing.

By cost standards there is every attraction in the institutional confinement and the demand is limited only by the supply of available beds.

This tripartite division of midwifery appears to me to be ripe for solution at national level.

On behalf of the Regional Hospital Board operating through the South Worcestershire Hospital Management Committee, I have continued to control the admission of "social conditions" cases to the units at Avenbury and Shrub Hill, where 535 women were confined during the year.

Domiciliary Midwifery

Notice of intention to practise was given during the year by 40 midwives mostly employed in institutions. The Local Health Authority provides 3 midwives operating from their own rent-subsidised homes and 2 midwives operating that section of the domiciliary midwifery service worked from the Nursing Institute. From this building go out those pupil midwives doing their district training and during the year 10 trainees were accepted.

Because of the inroads of institutional midwifery upon domiciliary midwifery it is becoming increasingly difficult to secure sufficient cases for pupil midwife training. This difficulty has been surmounted by seconding each month a pupil midwife to the Shrub Hill Maternity Unit - an arrangement acceptable to both parties.

All local authority midwives are trained in gas-air analgesia, 6 apparatuses being provided. All such midwives have received refresher courses within the prescribed period.

The supervision of midwives is undertaken by the Nursing Superintendent. No disciplinary action had to be taken during the year against any midwife.

The following table indicates the extent of domiciliary midwifery and also the amount of institutional midwifery - which accounted for 70.1% of all births to City mothers, or 78% of all births taking place in the City, a figure which includes births to certain mothers normally resident elsewhere:-

(1)	Number of deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					Cases in Insti- tutions
	Doctor not booked		Doctor booked		Tot- als	
	Dr. pre- sent at time of de- livery of child	Dr. not pre- sent at time of de- livery of child	Dr. present at time of delivery of child (either the booked Dr. or another)	Dr. not pre- sent at time of del- ivery of child		
(2)	(3)	(4)	(5)	(6)	(7)	
(a) Midwives employed by the Authority	2	49	146	98	295	-
(b) Midwives employed by Voluntary Organisations	-	-	-	-	-	-
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	-	-	-	-	-	1107
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ...	-	-	12	4	16	-
Totals	2	49	158	102	311	1107

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 47

(f) Breast Feeding

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day 180

Medical Aid

During the year midwives sent out forms requesting medical aid in only 18 cases; or 5.8% of all cases attended. In only 2 of these 18 cases had no doctor been engaged. The figure of 5.8% is creditable to the midwives and compares with 25 - 33% in the days before the National Health Service Act.

Domiciliary Midwives to-day attend so few cases entirely independently, that they are obviously anxious in these few cases to see the confinements through unaided if possible.

The causes for needing medical aid are listed below.

FOR THE MOTHER

Ruptured perineum	6
Malpresentation	2
Post partum haemorrhage	1
Varicose veins	1
Premature labour	1
Delayed labour	3
Other conditions	2
Total	<u>16</u>

FOR THE CHILD

Sticky eyes	1
Prematurity	1
Total	<u>2</u>

Grand Total 18

Child Welfare

The following facilities are provided:-

Health Visiting Service
 Child Welfare Centres
 Home Help Service
 Supply of Dried milk foods
 and vitamin supplements
 Dental treatment
 Treatment of Minor Ailments
 Child Guidance Service
 Day Nurseries
 Care of Premature Infants

Infant Welfare Clinics

During the year an additional branch clinic was opened at the Ronkswood Estate bringing the number of centres to six. This follows the plan of bringing the clinics to the various centres of population, a plan initiated when slum clearance decanted sections of population from the centre to the periphery of the City.

Health Visiting

At the end of the year the Health Visiting staff consisted of a Senior Health Visitor and five health visitors, with one pupil health visitor being trained at the cost of the local authority. The health visitors received occasional assistance at clinics only from school nurses lacking the health visitor's qualifications. While health visitors are extending the boundaries of their work particularly in connection with problem families, their shortage has not permitted me to use them in connection with the domiciliary medical services. Despite the reduction in infant mortality, the first and most important duty of the health visitor must be to educate, help and advise each new generation of mothers - a duty which should never be subordinated to other claims upon the health visitor's time.

Dental Care

The Senior Dental Officer reports as follows:-

"The statistics for Maternity and Child Welfare work show little change in 1957 from the previous year."

"Although 39 children under school age attended, this was mainly for emergency treatment and it is to be regretted that more infants do not attend in time to have their temporary teeth saved by filling."

"However, mothers do seem to be concerned when their children have to lose teeth at such an early age, and many are showing considerable interest in correct brushing and diet."

"The number of expectant and nursing mothers seeking treatment at the school clinic remains rather low. Doubtless many are receiving treatment privately as this is free to the priority classes except for the provision of dentures."

Details of work done are given below:-

For mothers:	inspected	- 25
	received treatment	- 25

consisting of	24 extractions
	32 fillings
	7 local anaesthetics
	4 general anaesthetics
	8 scalings
	1 dressing
	4 complete dentures
	1 partial denture
	25 were made dentally fit.

For pre-school age children:	inspected	- 39
	received treatment	- 39

consisting of	72 extractions
	13 fillings
	18 local anaesthetics
	11 general anaesthetics
	3 dressings
	38 were made dentally fit.

Supply of Dried Milks, Etc.

Arrangements for the supply of Ministry of Food "Welfare Foods" and proprietary foods issued under the local authority's Maternity and Child Welfare Service have continued without change apart from the additional branch centre opened on the Ronkswood estate.

Statistics dealing with certain aspects of the Maternity and Child Welfare Service follow:-

Child Welfare Centres

Centres provided by:	No. of centres provided at end of year	No. of Child Welfare sessions now held per month at centres in col. (2)	No. of Children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in:			Total no. of children who attended during the year	No. of attendances during the year made by children who at the date of attendance were:			Total Attendances during the year
				1953	1952	1951-48		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	6	28	694	583	414	266	1263	8939	1495	947	11381

Health Visiting and Tuberculosis Visiting

	HEALTH VISITORS										TUBER- CULOSIS VISITORS
	No. of child- ren under 5 yrs. of age visit- ed during year	Expect- ant mothers		Children under 1 year of age		Child- ren age 1 and under 2 yrs.	Child- ren age 2 but under 5 yrs.	Tuber- culous House- holds	Other cases	Total no. of fami- lies or house- holds visited by Health Visit- ors	Total visits paid to tuber- culous house- holds.
		1st vis- its	Tot- al vis- its	1st vis- its	Tot- al vis- its	1st vis- its	Total vis- its	1st vis- its	Total vis- its		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	4461	257	313	1094	4020	2126	3589	-	1665	8701	3241

Care of Premature Infants

Of the 56 premature live infants born (i.e. with birthweight below $5\frac{1}{2}$ lbs.) 17 were born at home and 39 in hospitals; additionally there was one premature still birth at home and 3 in hospitals.

Weight at birth	PREMATURE LIVE BIRTHS									PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely at home.			Born at home and transferred to hospital on or before 28th day.			Born in hospital	Born at home	Born in nursing home
	Tot-al	Died with-in 24 hrs. of birth	Sur-vived 28 days	Tot-al	Died with-in 24 hrs. of birth	Sur-vived 28 days	Tot-al	Died with-in 24 hrs. of birth	Sur-vived 28 days			
3 lb.4 oz or less	5	2	2	-	-	-	2	1	1	-	-	-
Over 3 lb.4 oz. up to and including 4 lb. 6oz.	3	-	3	1	1	-	2	1	1	1	-	-
Over 4 lb.6oz. up to and including 4 lb.15 oz	11	1	10	3	1	2	1	-	1	2	1	-
Over 4 lb.15 oz. up to and including 5 lb. 8oz.	20	-	20	8	-	8	-	-	-	-	-	-
Totals	39	3	35	12	2	10	5	2	3	3	1	-

Problem Families

Because the problem families in so many cases are those that have young children and because the treatment of the problem family is primarily directed towards the interest of the children I have felt it appropriate to include the work done for problem families within this section of my report dealing with the mother and child.

At a meeting held in February attended by representatives from Health, Housing, Welfare, Education and Children's Committees, the Medical Officer of Health was instructed to assess the position regarding problem families by obtaining information from various sources. No precise definition of a problem family being available, I stated in my ascertainment enquiry that a problem family was one in which because of adverse circumstances or the inadequacy of the parents, the family members in one way or another had become an economic or social liability upon the community resulting in the development of anti-social circumstances!

As a result of ascertainment a substantial number of problem families was revealed and methods of treatment were discussed.

The Family Service Unit method was rejected largely on grounds of expense and it was decided to set up a co-ordinating Committee - to which the Medical Officer of Health would be the Co-ordinating Officer. The Committee consisted of certain Health Committee members with the addition of the Director of Welfare, the Director of Education or representative the Housing Superintendent, the Children's Officer, the male and female Probation Officers, the N.S.P.C.C. Inspector, W.V.S. Organiser and the Medical Officer of Health.

The Committee first met in May when it was decided that, primarily, attention should be focused upon those problem families with young children but not to the exclusion of urgent cases of childless problem families.

Of the 164 families listed as 'problems', only 14 apparently most urgent cases were considered at the first meeting. By the end of the year, 71 separate cases had been considered at 7 meetings.

All relative information having been collated by the Co-ordinating Officer, ways and means of coping with the individual problem family are discussed, and action is usually left to a single "specialist" officer or several such officers acting in concert. The term "Specialist Officer" includes Health Visitor, Probation Officer, N.S.P.C.C. Inspector, Children's Officer, Home Help, etc.

Naturally, the sectional staff of the Public Health Department, such as Health Visitors, Sanitary Inspectors and Home Helps, figures largely in the rehabilitation process, and in setting the disorganised household to rights, the practical work often falls mainly into the willing hands of the experienced home help.

Expenditure has been very small consisting mainly in the cost of the Home Help when the Sub-Committee has ruled that no charge should be made against a problem family.

I voice a personal, though not unsupported opinion, when I say that because every member of the Sub-Committee is making his special contribution to a common pool of effort, much useful social work has already been done and still more can be achieved now that the Sub-Committee has got into its stride.

7) Home Nursing

Arrangements for Home Nursing detailed in my report for 1952 have continued unaltered. The fact that the Nursing Institute, Worcester is a training centre for Queen's nurses secures not only an adequate staff at a time when nurses are in short supply and heavy demand, but, even more important, a well qualified staff - an aspect of the matter which should not be overlooked when the cost of this service is considered.

The Home Nursing Syringe Service has operated well thanks to the assistance of the Worcester Royal Infirmary Pathologist, Dr. Kidd and his staff.

During the year the method was investigated by the Medical Officer of Health of Gloucester where a similar service was subsequently set up.

Increasingly, the district nurses become concerned with the care of the aged - a problem which daily grows in the absence of any solution.

Although we are living longer, there is little to be gained if extended years mean merely an extended period of ill-health, neglect and uselessness and dependence upon an already over-taxed society.

We should aim at keeping old people healthy and happy and if possible productive right up to the time of their departure.

While circumstances justify it, we should keep them out of institutions by the use of home helps, home nursing and any other means at our disposal. A time comes however, when admission to hospital is, for various reasons needed; today, it is very difficult for the domiciliary practitioner to get a hospital bed for his elderly patient.

	Med- ical	Sur- gical	Infec- tious Disea- ses	Tuber- culosis	Mater- nal Compli- cations	Others	Tot- als	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Child- ren in- cluded in (2)- (7) who were under 5 at the first visit during the year	Patients included in (2) - (7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
No. of cases at- tend- ed by Home Nurses during the year	990	122	1	56	14	8	1,191	542	53	184
No. of visits paid by Home Nurses during the year	18,607	4,424	4	1,616	142	25	24,818	16,168	145	17,248

8) Vaccination and Immunisation

Following the low vaccination figure in 1952 of 15% of the annual infant births, propaganda regarding the prevention of smallpox was intensified and, perhaps as a result, the figure improved to 45.7%

It is to be regretted that so many of the public are indifferent to or unaware of the potential dangers of smallpox. Today the vigilance of port medical officers, of air-port medical staff and of co-operating medical officers of health continues to keep smallpox under control but air travel has brought increasing risks of importation and the need for vaccination still remains.

Immunisation against diphtheria by domiciliary medical practitioners and by public health medical staff continues to give satisfactory results and no case of diphtheria was notified during the year.

The association of immunisation against whooping cough with immunisation against diphtheria, has not yet been recommended to the Council as a matter of public health policy.

During the year 122 cases of whooping cough were notified with no deaths.

9) Ambulance Service

The Health Committee itself discharges its ambulance service liabilities so far as the removal of infectious disease patients is concerned but delegates the removal of other patients to the Worcester City and District Voluntary Ambulance Committee.

The Worcester City and District Voluntary Ambulance Committee provides 6 ambulances with 6 whole-time drivers and a whole-time secretary. The Ambulance Officer to the Committee is the Ambulance Officer to the County of Worcestershire.

The staff are housed in inadequate accommodation at 42, Foregate Street. The premises are needed by the landlords who might at any moment legitimately claim them. In fact it is thanks to the landlords that the service can continue to function.

A new ambulance station is needed and its provision is under consideration.

Work done within the service for City patients is summarised as follows:-

No. of persons carried

Accident or Emergency	1,325
Others	<u>5,933</u>
Total	<u>7,258</u>

Total Mileage 35,832 miles.

Infectious Diseases Patients

In connection with removals of persons suffering from infectious diseases, 1653 miles were travelled during the year.

Sitting-Case Car Service

By an agency arrangement the Local Health Authority provides a sitting-case car service operated from the Worcester Royal Infirmary.

Work done during the year is shown below.

Number of persons carried	2,949
Total Mileage	23,644 $\frac{1}{2}$ miles

10). Prevention, Care and After-Care(1) Tuberculosis

The following items are extracted from the annual report of the Honorary Secretary to the Tuberculosis After-Care Committee, Mr. Christian, Chief Clerk in the Health Department. Mr. Christian has acted as Honorary Secretary to the organisation since its inception in 1932 and it is mainly due to his efforts that the Committee has a satisfactory financial position.

Milk 3,926 pints of milk have been supplied free of cost to 22 patients. Since the Committee was first established 21 years ago, 99,780 pints of milk have been provided to patients in need.

Clothing and Bedding. During the past year bedding and clothing costing £20. 5. 2d have been purchased for the use of patients and their dependants.

Home Life. Open-air shelters owned by the Local Health Authority are loaned out to patients as and when required on the advice of the Chest Physician.

Many bedsteads and mattresses have been provided for the use of patients during the year when separate sleeping arrangements became necessary.

Full use has been made by patients of the Dunlopillo mattresses, air-rings, bed-rests, etc. loaned out free of charge by the Committee, and during the year two additional air-rings have been purchased to add to the stock.

There is also liaison between the Chest Physician and the Ministry of Labour and National Service when rehabilitation is indicated and patients are assisted in completing their application to the National Assistance Board for supplementary monetary grants which are payable to tuberculous patients in special circumstances.

Christmas Seal Sale. The 1953 Seal Sale resulted in a gross surplus of £126. 1. 5d. which is a record. Over 800 circular letters were sent out to business firms, clubs and other organisations and also to the teachers in the City schools. The response by the teachers and scholars was again very encouraging - over 30% of the seals being sold in the schools.

In connection with the prevention of tuberculosis, B.C.G. immunisation of certain contacts takes place at the Chest Clinic, where contacts are examined and X-rayed. 72.7% of the time of the tuberculosis nurse is employed in preventive and advisory work for the local health authority and 4.5 of the time of the Chest Physician.

There is completely satisfactory liaison with the Chest Physician in all matters connected with tuberculosis.

(2) Other Forms of Illness

After-Care of patients other than the tuberculous is shared between health visitors, school nurses and district nurses with the assistance as necessary of home helps. Useful co-operation is received from Hospital Almoners, National Assistance Board, Ministry of Labour, Children's Officer, Director of Welfare and others. The special work in connection with problem families is detailed elsewhere; this is absorbing an increasing amount of the time of health visitors.

Certain preventive work in connection with female patients suffering from venereal disease is carried out by the Senior Health Visitor - in my view a more acceptable person for follow-up enquiries than a special V.D. Department Almoner.

11) Domestic Help

The Domestic Help Service, is operated by the Women's Voluntary Service whose organiser is responsible to the Medical Officer of Health.

At the end of the year there were the following paid staff.

Whole-time	21	Part-time	18
		(including 5 occasional)	

No administrative charges are made by the Women's Voluntary Service against the Local Health Authority.

The amount of "lost time" is kept very low.

The charge to the "consumer" was increased in February from 2/5d to 2/6d per hour.

Cases dealt with during the year were as follows:-

Maternity Cases (including expectant mothers)	67
Tuberculosis cases	14
Chronic sick including aged and infirm	149
Others	102
Total	<u>332</u>

The gross cost of the Service was £8,033 of which £2,322 was recovered.

12) Health Education

This most important aspect of disease prevention cannot be satisfactorily extended with the present staff. Use is made of the facilities offered by the Central Council for Health Education which receives a generous annual subsidy from the Local Health Authority.

13) Mental Health Services

(1) Administration

(a) The Local Health Authority continues to operate its Mental Health Service through a Mental Health Services Sub-Committee of six Council members and four co-opted members.

(b) The Medical Officer of Health is personally responsible for the operation of the Service - including the duties of certification - assisted by one Duly Authorised Officer, relieved as necessary by a clerk in the Health Department so that a twenty-four hour service is maintained.

(c) The Duly Authorised Officer is responsible for the supervision of patients on licence and under guardianship and for after-care arrangements generally.

(d) No duties are delegated to voluntary bodies.

(e) No local arrangements exist for the training of staff for the Mental Health Service. During the year the Relief Duly Authorised Officer attended a refresher course at Queen's College, Oxford.

(2) Work undertaken in the Community.

(a) Prevention, care and after-care duties are discharged by the Duly Authorised Officer: close liaison is kept with the Mental Hospital. Prevention is mainly operated through the Mental Health Clinic at the Worcester Royal Infirmary.

(b) Statistics appearing later deal with the work of the Duly Authorised Officer under the Lunacy and Mental Treatments Acts.

(c) (i) The arrangements for the ascertainment of mental defectives operate satisfactorily, the main sources of information being the School Health Service, Maternity and Child Welfare Service and domiciliary practitioners. Information also comes to hand from the Children Committee, Welfare Committee and occasionally members of the general public.

(ii) There are now only 3 guardianship cases supervised within the area and 2 patients outside the area in whose cases supervision is exercised on behalf of the local health authority by a voluntary body.

(iii) There is no occupation centre. Patients, where capable, are placed in employment by liaison between the Duly Authorised Officer and the Ministry of Labour.

Statistics of work done during the year in the Mental Health Service follow:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Admitted under Lunacy Act, 1890</u>			
Certified under Section 16	6	12	18
Admitted under Section 20	17	26	43

(Of this number 5 males and 3 females were later certified under the Lunacy Act, 1890, and 12 males, 23 females received treatment as voluntary patients.)

Certified patients discharged or died during the year

Discharged	4	2	6
Died	5	11	16

	<u>Male</u>	<u>Female</u>	<u>Total</u>
<u>Mental Treatment Act, 1930</u>			
(a) Admitted as voluntary patients	59	86	145
(b) Left Hospital	46	73	119
(c) Died	3	4	7
(d) Admitted as temporary patients	-	-	-

(An unknown number of cases also attend hospital as out-patients.)

Defectives

Ascertainment including number of defectives awaiting vacancies in institutions at the end of the year:-

	<u>Male</u>	<u>Female</u>	<u>Total</u>
In Institutions	42	40	82
Under Guardianship	2	3	5
Under Statutory Supervision	25	21	46
Under Voluntary Supervision	26	21	47
Awaiting admission to institution	4	1	5

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Awaiting admission to institution	4	1	5
Number in training	-	-	-
Number ascertained in 1953	7	9	16
Number admitted to Institutions	1	2	3
Number placed under Statutory Supervision	5	5	10
Number placed under Voluntary Supervision	1	1	2
Number not subject to be dealt with	-	1	1
Cases ceased to be under care	1	2	3
Died, removed or lost sight of	1	-	1
Given birth to child while unmarried	-	-	-
Married and discharged from guardianship	-	1	1

Visits

Approximate number of visits paid to mental defectives	-	333
Approximate number of visits paid to mental patients	-	113

14) Epileptics and Spastics

Epileptics

The Health Department is concerned only with epileptics of school age and below. No dependable figures of epilepsy within the area are available but I have knowledge of 1 epileptic below the age of five years and of 3 epileptics of school age, of whom none are in special schools for epileptics.

Among adults 3 epileptics are known to the Welfare Committee.

No special facilities are provided under Section III of the National Health Service Act for epileptics.

Spastics

The comments made regarding epileptics apply equally to spastics. I have knowledge of 1 spastic below the age of five years and of 5 spastics of school age, of whom 2 are in special schools for spastics.

Among adults, 2 spastics are known to the Welfare Committee.

15) Blind Persons

During the year reports on Form B.D.8 were received regarding 14 persons.

With the exception of a young woman of 24 - deprived of sight by an intracranial tumour - the ages of the patients varied from 60 to 85.

In no case was local treatment of the eye condition recommended, the patient having in 6 of the cases already attended at the Eye Hospital, the Surgeon certifying on B.D.8.

The one case of glaucoma recorded had already received treatment. No case of retrolental fibroplasia was recorded.

24 cases of ophthalmia neonatorum were notified. The follow-up of 23 cases showed that in these cases vision was unimpaired. The remaining child left the district and could not be traced.

SECTION IIICOMMUNICABLE DISEASES

Details of communicable diseases notified are given below:-

	<u>Number of Notifications</u>
Scarlet Fever	161
Measles	1517
Whooping Cough	122
Acute Primary and Acute Influenzal Pneumonia	85
Erysipelas	11
Dysentery	3
Meningococcal Infection	1
Food Poisoning	8
Tuberculosis - Pulmonary	63
Non-Pulmonary	13
Ophthalmia Neonatorum	24
Puerperal Pyrexia	26
Acute Poliomyelitis - Paralytic	1
Non-Paralytic	6
Acute Encephalitis	1

Diphtheria

No case of diphtheria was notified and the disease is rapidly becoming completely unfamiliar to the young doctor. There is no guarantee that it will not return and immunisation against the disease should not be relaxed. During the year, there was an outbreak of diphtheria in a certain urban district. Of 38 cases 3 died, and not one of the three fatal cases had been immunised. The immunisation position among children locally is indicated by the following table.

Number of Children at 31 December, 1953, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1 January, 1939)					
Age at 31.12.53 i.e. Born in Year	Under 1 1953	1 - 4 1952-1949	5 - 9 1948-1944	10 -14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster)					
(a) 1949-1953	46	2070	2449	911	5476
(b) 1948 or earlier	-	-	1652	2505	4157
(c) Estimated mid-year child population	983	3827	9590		14,400
Immunity Index 100 A/C	4.7%	54.1%	35%		38%

The decline of diphtheria and its mortality rate is strikingly shewn by the following table:-

Totals of deaths and notifications in England and Wales and Worcester City during the past nine years.

<u>Year</u>	<u>England and Wales</u>		<u>Worcester City</u>	
	<u>Cases notified</u>	<u>Deaths</u>	<u>Cases notified</u>	<u>Deaths</u>
1944	23,199	934	148	2
1945	18,596	722	47	-
1946	11,986	472	13	-
1947	5,609	244	7	-
1948	3,575	156	3	-
1949	1,890	84	4	-
1950	962	49	-	-
1951	664	33	3	-
1952	376	32	-	-
1953	240	24	-	-

Poliomyelitis

7 cases of poliomyelitis were admitted to hospital 1 suffering from the disease in paralytic form. There were no deaths.

Tuberculosis

Full details of the local tuberculosis service were given in the survey report for 1952. The arrangements have not been varied and there is excellent liaison between those responsible for diagnosis and treatment, and those responsible for prevention.

In the sphere of treatment the function of the sanatorium seems to be rapidly changing. Whereas formerly the local sanatorium housed early cases for prolonged periods of treatment, to-day so much home treatment is practised - thanks to the use of the new drugs - that many early cases do not require admission, the few admitted stay for very much shorter periods and many beds are occupied by late stage cases who, but for modern treatment, would have died.

Tuberculosis is no longer the chronic, disabling and impoverishing disease it used to be, and the outlook for the consumptive was never brighter. Locally sanatorium waiting lists are a thing of the past.

While the notification rate has not appreciably fallen, the deaths from respiratory tuberculosis have decreased remarkably.

Notifications

<u>Year</u>	<u>Respiratory</u>	<u>Non-Respiratory</u>
1944	53	14
1945	52	15
1946	49	11
1947	42	14
1948	47	14
1949	53	15
1950	36	10
1951	56	12
1952	79	5
1953	63	13

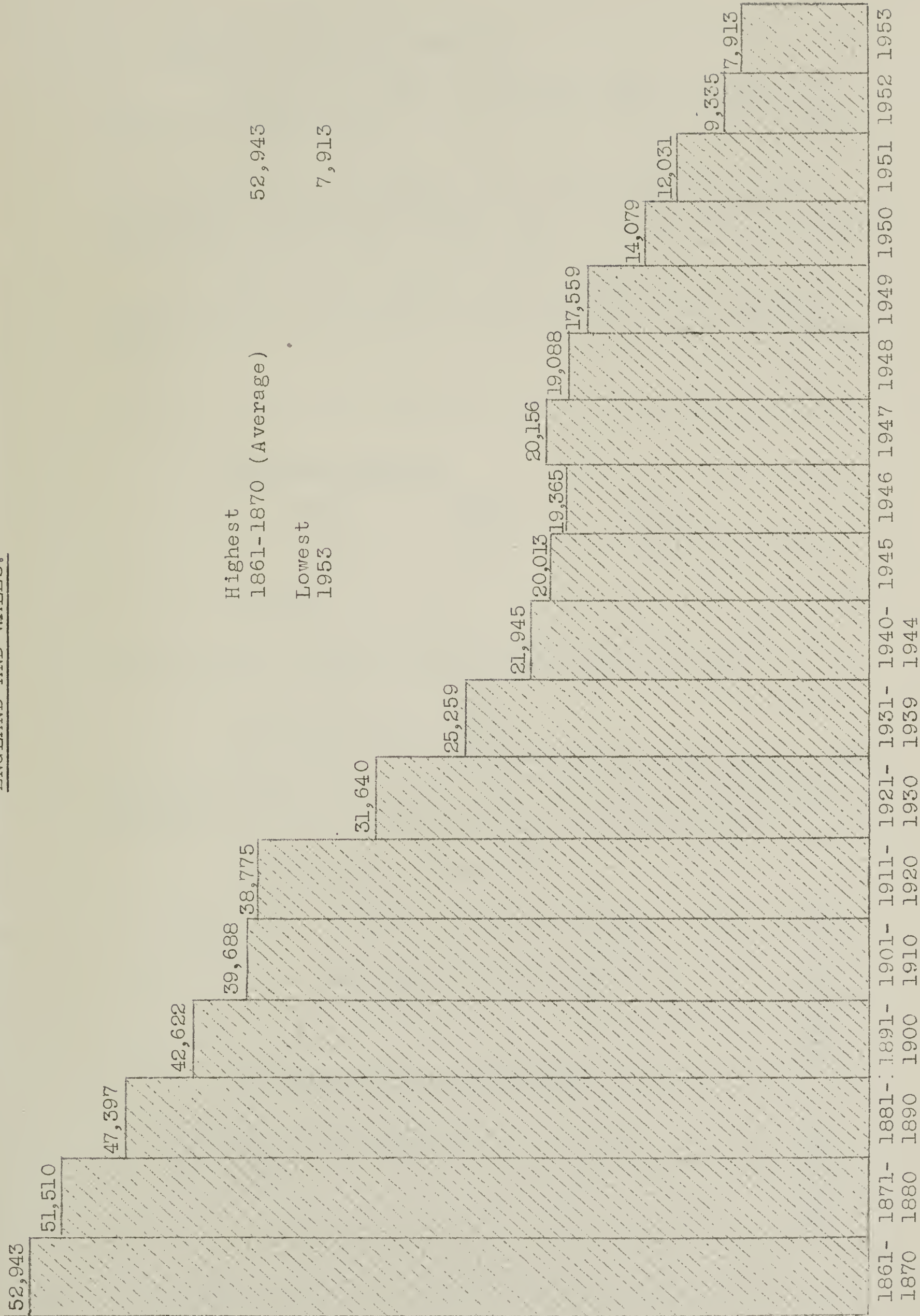
Deaths - No. of deaths from Tuberculosis in Worcester City during the last 10 years.

<u>Year</u>	<u>Respiratory</u>	<u>Non-Respiratory</u>
1944	53	13
1945	37	5
1946	54	7
1947	33	7
1948	35	5
1949	26	6
1950	24	2
1951	17	2
1952	18	1
1953	12	5

The remarkable fall in the deaths in England and Wales from respiratory tuberculosis is strikingly shewn in the following graph.

RESPIRATORY TUBERCULOSIS - DEATHS PER ANNUM 1861-1953
ENGLAND AND WALES.

55,000
52,500
50,000
47,500
45,000
42,500
40,000
37,500
35,000
32,500
30,000
27,500
25,000
22,500
20,000
17,500
15,000
12,500
10,000
7,500
5,000
2,500
0



Highest
1861-1870 (Average)
52,943

Lowest
1953
7,913

Mass Miniature Radiography

During the year I was again able to secure a visit to the City by the Mass Miniature Radiography Unit centred on Birmingham.

While the X-Ray work is the responsibility of the Regional Hospital Board, all local organisation - publicity, appointment-giving, etc. - falls upon the Public Health Department, and a great deal of work is involved.

The actual number of persons to be X-rayed at these surveys is limited by the number of sessions made available by the Director of the Mass Miniature Radiography Unit.

Statistics dealing with the visit of the unit follow.

Persons Examined

<u>Male</u>	<u>Female</u>	<u>Total</u>
5138	4036	9174

Recalls

411 persons or approximately $4\frac{1}{2}\%$ of those examined were re-called for further examination.

Results of the Survey

The results of the survey are given below. There was a low incidence of tuberculosis amongst the groups examined during the survey, the incidence per 1000 being 2.4 compared with the national average of 3.8 per 1000.

Tuberculosis Discovered

Active - Referred to Chest Clinic	22
Inactive - Referred to Chest Clinic	22
Referred to own Doctor	40
No action	<u>1</u>
	<u>63</u>

Non-Tuberculous Conditions

Referred to Chest Clinic	17
Referred to own Doctor	45
No action	<u>6</u>
	<u>68</u>

In accordance with Ministry of Health Circular 1/54, the following information has been supplied by the Chest Physician, Dr. Moyes.

1. Contact Examination

The following table shows the number of contacts examined in the years 1949 - 1953 inclusive, related to the number of new notifications each year of cases of respiratory tuberculosis.

Year	1949	1950	1951	1952	1953
New Notifications	53	76	56	79	63
Contacts examined	128	150	187	164	281

In 1953 there were 63 notifications in the City of Worcester and according to environmental reports 351 persons were at risk as contacts of these patients. 281 were examined at the Chest Clinic giving an examination rate of 80% and a ratio of 4.4 contacts examined per notification. In future it is hoped to improve upon these figures and extend the search further beyond the immediate family circle.

2. Employment Conditions of Known Cases

There is little difficulty in the City of Worcester in finding suitable employment for sputum negative patients and only a few instances have arisen where there has been difficulty in resettling a chronic infectious case. I am unaware of any new case of tuberculosis occurring within the past two years where the source of infection could be traced to contact at work with a previously known tuberculous patient.

3. Death Notification

All death notifications are followed up by the tuberculosis nurse who arranges for examination of contacts, etc.

4. Schemes to ascertain and follow up early cases among children and others

(a) A Mass Radiography Unit visits Worcester annually and in addition to general public and factory surveys, selected groups of children are examined. It is hoped that when the C.G. scheme for 13 year old children is under way, all positive tuberculin reactors will be X-rayed by this unit.

(b) When tuberculosis is diagnosed in a person who is responsible for the care of children or is closely associated at work with susceptible young adults, tuberculin surveys are carried out as indicated and X-rays taken on a 70 m.m. Odelca camera unit. For example, in 1953, groups of 50, 51 and 17 were examined in this way as contacts of a school teacher, a school child and a young office worker respectively.

Follow up of early cases is a routine procedure.

5. Special case finding surveys

Apart from contact surveys of groups at risk, no special case finding methods had been introduced by the end of 1953.

Veneroal Disease

City of Worcester patients treated for the first time during the year at the Clinic at the Worcester Royal Infirmary were classified as follows:-

	<u>Male</u>	<u>Female</u>
Syphilis	4	9
Gonorrhoea	15	5
Other Conditions	45	40
	<u>64</u>	<u>54</u>

New male patients increased by 2 only, compared with 1952, whereas new female patients increased from 22 to 54. While this increase is accounted for mainly by "other conditions", cases of syphilis more than doubled.

From these figures I draw no deductions as venereal disease is not a notifiable communicable disease so that its precise extent in the community cannot be ascertained.

Modern treatment has made venereal disease no longer serious, but neglect to secure immediate treatment and to continue it can be very serious indeed

Food Poisoning

During the year 8 notifications of food poisoning were received from practitioners. They referred to 4 cases from one family and 4 other separate cases.

The only incident that could be regarded as an outbreak was that affecting the family referred to, where an additional unnotified case was recorded. In this outbreak the food poisoning symptoms affected various members of the family over a period of some 16 days. The infecting organism was salmonella typhimurium and the evidence tended to show that the separate members of the family had not been affected by contaminated food causing illnesses simultaneous in time, but rather that the infection had been handed on within the family by the initial sufferer.

Symptoms were not severe and all members made rapid and satisfactory recoveries. No particular article of diet was incriminated.

The more ready notification by practitioners, of food poisoning is of considerable help to the department in dealing with unsound foods. Enquiries into these cases are often lengthy and laborious, frequently unproductive, but sometimes rewarding. In this connection I would record the most valuable co-operation of Dr. Henderson, Bacteriologist at the Worcester Royal Infirmary.

An incident involving heavily contaminated food which, but for prompt departmental action might have caused a widespread outbreak of food poisoning, is described under the section dealing with food control.

SECTION IV

CERTAIN OTHER HEALTH DEPARTMENT SERVICES

1. Examination of Plans

The inspection of all plans by the City Engineer, the Medical Officer of Health and the Planning Officer, prior to submission to the Planning Committee has many advantages besides good planning. During the year the Medical Officer of Health with the Chief Sanitary Inspector examined 533 plans which included plans submitted in consequence of action by the Public Health Staff under Housing, and Food and Drugs Acts.

2. National Assistance Act, 1948, Section 47 and National Assistance Amendment Act, 1951

These Acts deal with the compulsory removal to a suitable hospital or institution of persons who

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention;

the medical responsibility resting either on the Medical Officer of Health alone or in conjunction with a medical practitioner in cases of extreme urgency.

None of the cases referred had to be dealt with by compulsory action, either because there were insufficient grounds for such action or because they yielded to persuasive methods.

3. Medical Examination of Local Authority Staff and Others

During the year Public Health Department medical staff carried out 204 examinations of officers and servants of the Council, prior to their assumption of appointments. This figure included 35 persons examined prior to admission to a training college or persons entering the teaching profession.

4. Pharmacy and Poisons Act

Inspection of premises of persons granted licences to sell Part II Poisons were carried out as usual by an Assistant Medical Officer of Health. During the year 73 licences were granted by the Local Authority.

SECTION VSANITARY CIRCUMSTANCES OF THE AREAWater Supply

The fact that the muddy Severn is transformed to a drinking water which, if not sparkling, is pure and safe, is a tribute to the efficiency and vigilance of the City Engineer's Water Department.

The supply is satisfactory in quality as the Analyst's statement given below shows, and in quantity, being consumed at the rate of 53 gallons per head per day; in fact the out-put at times tends to embarrass the sewerage system.

In addition to the day to day sampling by the Water Department, samples are taken by Health Department Staff from the pure water tank and the tap supply in various parts of the City.

52 bacteriological and 12 chemical analyses were made of raw water before treatment.

52 bacteriological and 12 chemical analyses were made of purified water going into supply pipes.

15 bacteriological and 27 chemical analyses were made of water from consumer taps.

All samples were satisfactory.

The water has no plumbo-solvent action.

18740 dwelling houses have a separate piped supply and 308 houses are supplied by stand pipes for approximately 1126 persons.

Certificate of AnalysisTap water

I hereby certify that I have examined the above sample chemically with the following results:-

Chemical Examination

	<u>Parts per</u> <u>100,000</u>
Physical characters	clear
Odour	none
Deposit	none
Solids in suspension, dried at 100°C	nil
Solids in solution, dried at 180°C	25
Solids in solution after ignition	21
Chlorides calculated as common salt	8.9
Hardness:- permanent	5
temporary	8
total	13
Free and saline ammonia	0.0008
Albuminoid ammonia	0.0066
Nitric nitrogen (Nitrates)	0.23
Nitrous nitrogen (Nitrites)	nil
Oxygen absorbed in 4 hours at 27°C	0.22
Toxic metals	none detected
Free chlorine on receipt	0.002

Opinion - The chemical condition of the sample is
satisfactory.

(Signed) M. M. LOVE

City Analyst.

Well Water

Two wells supplying drinking water to a group of 5 cottages were found to be sewage contaminated. A supply of City water was laid on to the cottages and the wells filled in.

One well supplying drinking water to a cottage was found to be polluted. A new well was constructed.

Sewerage

House-building activities and increase in population are tending to put increasing strain on the capacity of main sewers and the time is not distant when heavy expenditure on new sewerage projects must be faced.

The relief of sewers by diversion of roof-water of new houses to sump holes is, in my view, not free from potential complications particularly in areas of clay sub-soil.

During the year it became possible to connect the Isolation Hospital to the sewerage system and to abandon the unsatisfactory hospital sewage treatment plant.

Health Department pressure also caused the owners of Lower Wick House to connect to the sewerage system and so resolve a longstanding nuisance.

A periodic nuisance arising from the Astwood Road watercourse - serious because of its association with the Gheluvelt Park Paddling Pool - was still unabated at the end of the year.

Trouble from inadequate sewerage arrangements continues to affect portions of Bilford Road during rain-storms. The need for more extensive watercourse culverting increases as the area becomes increasingly built-up.

Closet Accommodation

With the exception of 47 houses served by pail-closets and 83 by septic tanks on account of low-levels making drainage impracticable, the water carriage system of sewage collection is universal.

Camping Sites

The Council's site at Swanpool provides permanent camping for 28 caravans. In addition 6 individual caravan licences were issued during the year.

Smoke Abatement

Worcester is a relatively smoke free City thanks to an increasing use by industry of electrical power, which approximates 25,000 horse power. Where factories still use solid fuel, considerable help as well as careful supervision is afforded by the inspectoral staff of whom two possess the appropriate Smoke Inspector's Qualification.

During the year 80 smoke observations were taken. Informal action taken against one firm found to be creating a smoke nuisance, successfully secured modifications to the boilers, resulting in the abatement of the nuisance. In no case was prosecution necessary.

Baths and Swimming Pools

At the Council's Open Air Baths at Sansome Walk a high standard of purity of water is maintained and samples taken by the Health Department Staff have proved satisfactory during the year. Responsibility for the Public Baths rests with the City Engineer assisted by a very experienced Baths Manager.

INSPECTION AND SUPERVISION OF FOOD

Increasing attention is being focused upon the hygienic production and retail sale of food; and thanks largely to the activities of the Deputy Chief Sanitary Inspector, standards are being steadily raised as a result of persuasion rather than coercion.

Milk

Dairy premises registered	11
Distributors registered	16

Milk (Special Designation) Regulations.

Dealer's (Pasteuriser's) Licences	5
Dealer's (Pasteurised) Licences	6
Dealer's (Tuberculin Tested) Licences	6
Supplementary Licences (Tuberculin Tested)	1
Supplementary Licences (Pasteurised)	3

Bacteriological Examinations

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>Total</u>
Pasteurised Milk	160	-	160
Tuberculin Tested Milk	28	-	28
T. T. Pasteurised	58	-	58
Raw Milk for Biological (T.B.)	3	-	3
Raw Milk for B. Abortus	108	-	108
Raw Milk for M. Blue	-	5	5
	<u>357</u>	<u>5</u>	<u>362</u>

Ice Cream

At the end of the year the following registrations were in force:-

Premises registered for manufacture	10
" " " storage	2
" " " sale	49
" " " sale in prepacked quantities	180

During the year 5 informal samples of ice cream were submitted for chemical analysis; all were found to be genuine. 15 samples of ice cream were submitted for bacteriological examination, of these, 14 were Grade I and 1 was Grade II.

Survey of Public Houses

The survey which began in 1952 was completed during 1953, and was not confined to an investigation of glass washing methods alone, but embraced every aspect of hygiene and sanitation as applied to licensed premises.

General cleanliness of public rooms was satisfactory. Conditions "behind the scenes" however, called for some action chiefly redecoration of kitchens and pantries and the lime-washing of cellars.

Heating and Ventilation

Methods of warming public rooms varied, but appeared sufficient. Means of natural ventilation were adequate in most cases if properly used. Extraction fans were occasionally sited haphazardly and without regard to the position of air inlets and the flow of air.

Catering

This varied from the provision of occasional sandwiches to the amenities of a residential hotel. A number of houses had only an occasional "Bed and Breakfast" trade provided for on a domestic basis. Each case was judged on its merits. Generally speaking the larger the establishment the more difficult it was to ensure hygiene because of the lay-out and heavy cost of maintaining the premises and the number and varying quality of employees and the division of labour between them. The seasonal fluctuation of catering in Worcester was a complicating factor.

Sanitary Conveniences

Whilst the adequacy of conveniences at any individual house was difficult to assess by any "rule of thumb" method, accommodation was deemed inadequate in many cases, chiefly on account of the insufficient urinal space. In addition to repairs and cleansing, the siting and screening of entrances required careful attention. Sanitary apartments were commonly found to be inadequately lit.

Washing facilities for patrons were, for the most part, provided only in the better class establishments, and even there, complaints of wanton damage were common. Washing facilities for patrons are not required by law and seem unlikely to be provided generally until more widely demanded by the public and used by them in a proper manner.

Beer Engines and Pipes

Only 4 houses relied solely on "beer from the wood", and at only 4 houses were lead pipes in use; the remainder use either composition, stainless steel or plastic pipes. Samples of beer drawn from the lead pipes showed, on analysis, varying amounts of lead contamination, and at our request these lead pipes were replaced by plastic ones. The usual practice is to dismantle the pipes weekly and thoroughly cleanse with detergent.

Glass Washing

Special attention was directed to this aspect of the licensed trade, and in selected cases swabs were taken from glasses, sinks and counter tops as a check on hygiene and as a means of demonstrating its importance. Swab results tabulated below, showed that there was still great need for improvement. Stainless steel sinks gave most satisfaction. Sinks made from other metals were sometimes insanitary because of the rough joints and dirty crevices round either rim or outlet, and because surfaces had become worn and pitted. In a few cases waste pipes were found obstructed and without access for cleaning, and in 3 cases no proper provision for sink waste drainage had been provided. One house had no fitted sink.

Hot water supply was not fitted in 21 houses and the efficiency of hot water supply varied. Some supplies from central heating plants had long unlagged pipes which were not only uneconomic but also slow to deliver really hot water. In many cases the water was not hot enough. The value of really hot water for removing grease and giving clean and commercially sterile glasses was amply demonstrated both visually and bacteriologically. At most houses chemical detergents and, more commonly, sterilizing agents were used from time to time, but swabs indicated that this was seldom regular and reliable. Some licensees objected to the use of detergents for fear the "head" of beer would be affected.

Washing facilities for food handlers

These were generally provided but one suspects less generally used. The importance of personal cleanliness was explained and the practice of washing hands in the bar sink strongly discouraged.

Table I - Bacteriological reports on glass swabs

Of 69 swabs taken from glasses at 29 establishments, coliform organisms were found of 14 swabs from 8 different premises and faecal coli were found on 3 swabs from 3 premises

Plate Counts	Swabs	Premises
Uncountable	5	3
Over 10,000 organisms	6	3
1,000 to 10,000 organisms	8	5
100 to 1,000 "	33	21
10 to 100 "	12	7
Sterile	5	4

Counts up to 100 with faecal and other coliform organisms are considered satisfactory.

Table II - Bacteriological reports of rinsing water samples

Plate Counts	Samples	Coliform organisms present	Faecal Coli present
Over 500,000 organisms	2	2	-
50,000 to 500,000 "	10	10	3
10,000 to 50,000 "	4	2	-
1,000 to 10,000 "	2	2	-
100 to 1,000 "	1	-	-
10 to 100 "	2	-	-
Sterile	-	-	-

Table III - Bacteriological reports of swabs from sinks and draining boards

Plate Counts	Swabs	Coliform organisms present	Faecal Coli present
Over 500,000 organisms	7	6	1
50,000 to 500,000 "	-	-	-
10,000 to 50,000 "	5	2	-
1,000 to 10,000 "	1	-	-
100 to 1,000 "	2	-	-
10 to 100 "	-	-	-
Sterile	1	-	-

Table IV - Defects and Deficiencies

	<u>Found</u>	<u>Remedied</u>
Sanitary Accommodation Inadequate	12	11
Sanitary Accommodation Defective	38	38
Drainage defective	18	18
Wash basins required	4	4
Bar sinks required	1	1
Bar sinks defective	25	25
Draining boards etc. defective	6	6
How water over sinks required	21	21
Lead beer pipes	4	4
Ventilation inadequate	3	3
Cleansing of kitchens	9	9
Cleansing of cellars	9	9
Rat and mice infestations	4	4
Accumulations of refuse	2	2
General repairs required	3	3
Spittoons in use	NIL	-

The above repairs and alterations carried out by landlords amounted to an estimated cost of £8,000.

One public house with living accommodation was representated as unfit for habitation under the provisions of the Housing Act, 1936, and a demolition order was made.

Brewers, licensees and other employees for the most part welcomed the survey and were most co-operative and willing to consider favourably suggested improvements. Whilst the inspections were carried out with a minimum of ostentation, it was noticeable that members of the public showed considerable interest and approval.

Contaminated Pork Pies

Consequent upon a request from the manager of a grocery business in the City a consignment of 226 pork pies was inspected and found to be unfit for food. The manager voluntarily surrendered the pies for destruction. One of these pies was submitted to the Public Health Laboratory for bacteriological examination and the result showed there was a heavy contamination of moulds and *Staphylococcus pyogenes* - a count of over 500,000 organisms per gram.

Acting on the information of the bacteriological report a further sample was purchased for analysis from a new consignment of pork pies - this sample showed a count over 2 million coliform organisms per gram, with faecal strains present. The Manager of the business was informed of this result and he surrendered the 145 unsold remainder of his consignment of 216. 71 pies had unfortunately been sold and appeal was made through the press and by police public address equipment for the return of these pies. In all 31 pies were returned or accounted for.

Meanwhile, the executives of this multi-store business had withdrawn supplies of pork pies for sale at their branches scattered throughout the country.

The pies had been manufactured in Northern Ireland and concerted action to discover the source of contamination and to prevent contaminated pies from reaching the consumer was taken by the Ministries of Health and Food, the Public Health Laboratory Service and the local authority in Northern Ireland.

Food and DrugsSampling

Formal Samples	10	Informal Samples	285
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Prosecutions

One milk producer was prosecuted for selling milk to which water had been added. He appeared before the City Magistrates in answer to eight summonses and was found guilty on each summons and fined a total of £24 with £9. 8. 0d costs.

A butcher was prosecuted for unlawfully selling minced meat which was intended for, but unfit for food. He was found guilty and fined £10 with 10/- costs.

Unsound Food

The following unsound food was condemned:-

Fish	48 $\frac{3}{4}$ stone
Tinned goods (other than ham)	10700 lbs.
Other goods	2658 lbs.
Tomato Juice	4642 gallons
Tinned Ham	1939 lbs.

Bacteriological Examination Summary for year 1953

Pasteurised milk	...	...	...	162
T.T. milk	...	...	...	40
T.T. Pasteurised milk	...	...	...	60
Ice Cream	...	...	...	15
Eggs	...	...	...	89
Meat Pie	...	...	...	1
Pork Pie	...	...	...	1
Sausages	...	...	...	14
Cakes	...	...	...	8
Artificial Cream	...	...	...	8
Swab. Beer	...	...	...	40
Swab. Cafe	...	...	...	24
Swab. Food Preparing Premises	...	...	...	71
Raw Milk, Meth. Blue	...	...	...	5
Raw Milk, Abortus	...	...	...	108
Watercress	...	...	...	1
Meat	...	...	...	3
Biscuit	...	...	...	1
Rose Hip Syrup	...	...	...	1
Flour	...	...	...	2
Orange Juice	...	...	...	1
Dried Milk	...	...	...	1
Throat Swabs	...	...	...	8
Tinned Tomatoes	...	...	...	2
				<u>666</u>

Slaughterhouses

There are, in addition to the Public Slaughterhouses, 14 Private Slaughterhouses in the City, 2 of which have to be used as emergency slaughterhouses when the flooding of the River Severn has caused the Public Slaughterhouse to be untenable.

Number of Animals slaughtered during 1953 at the Public Slaughterhouse

<u>Beasts</u>	<u>Pigs</u>	<u>Calves</u>	<u>Sheep</u>
5767	5842	1575	17,354

Meat condemned during 1953

	<u>T.B.</u>	<u>Other Diseases</u>
<u>Beasts</u> (whole carcasses)	60	90
Offals	31	4
Heads	265	63
Lungs	571	82
Livers	120	1,260
<u>Pigs</u> (whole carcasses)	19	79
Heads	212	5
Fries	-	73
<u>Calves</u> (whole carcasses)	3	55
<u>Sheep</u> (whole carcasses)	-	159
Livers	-	1386

Total weight of meat condemned, 66 tons 2 cwt. 20lbs.

SANITARY INSPECTION OF THE AREA

The Chief Sanitary Inspector reports as follows:-

Abatement of Nuisances

383 complaints were received. In 99 cases the Health Committee ordered the service of Statutory Notices. Legal proceedings were instituted in one case of non-compliance to a statutory notice; and the magistrates made a nuisance order.

Sanitary operations are summarised below:-

Inspections - The following table shows the number and nature of inspections carried out during the year 1953.

Housing Inspections	...	...	...	...	369
Public Health Inspections	...	...	...	...	1753
Re-inspections	...	...	...	...	2197
Infectious Disease,	...	...	...	...	242
Common Lodging Houses	...	...	...	...	12
Houses let in Lodgings	...	...	...	...	6
Dairies	...	...	...	...	75
Offensive Trades	...	...	...	...	12
Factories	...	...	...	...	244
Bakehouses	...	...	...	...	46
Slaughterhouses	...	...	...	...	42
Canal Boats	...	...	...	...	-
Dustbin Inspections	...	...	...	...	57
Food Shops and Markets	...	...	...	...	354
Places where animals kept	...	...	...	...	67
Drains smoke-tested	...	...	...	...	56
Smoke observations	...	...	...	...	80
Ice Cream Shops	...	...	...	...	105
Overcrowding investigations	...	...	...	...	314
Schools	...	...	...	...	21
Unclassified	...	...	...	...	236
Shops (other than food shops)	...	...	...	...	103
Licensed premises	...	...	...	...	198
Cafes	...	...	...	...	205

Number of Notices served and Summary of Work carried out during the Year 1953

Number of Notices (Prelim.) served	319
Number of Notices (Statutory) served	...	...	...	99
Number of Statutory Notices served in connection with Housing	...	...	...	98
Number of letters sent with regard to Notices, etc	...	...	...	350
Number of complaints received and investigated	...	...	...	383
Number of Notices sent to schools re Infectious Diseases	...	...	...	364
Rooms cleansed and lime washed	...	...	...	7
Dilapidated walls, floors, windows, etc. repaired	...	...	...	179
Defective roofs and spouting repaired	...	...	...	184
Damp walls cured	...	...	...	30
Wash-houses repaired, cleansed and lime-washed	...	...	...	23
Wash-houses floored and yards re-paved or repaired	...	...	...	2
Glazed stoneware sinks fitted	...	...	...	9
Sink waste pipes and rainwater pipes disconnected from drains	...	...	...	9

Drains opened and cleansed	...	...	...	...	...	63
Defective drains repaired or reconstructed	...	...	...	...	...	65
Glazed stoneware gully traps fixed	...	...	...	...	...	11
Water closets repaired, cleansed and limewashed	...	...	...	...	...	45
Water closets flushing cisterns repaired	...	...	...	...	...	37
Water closets provided with new basins and traps	...	...	...	...	...	19
Defective joints in pans, traps and flush pipes repaired	...	...	...	...	...	18
Houses provided with sufficient water supply	...	...	...	...	...	19
Nuisances from improper keeping of animals	...	...	...	...	...	9
Accumulation of refuse removed	...	...	...	...	...	13
Miscellaneous	...	...	...	...	...	91
Rooms disinfected after infectious diseases	...	...	...	...	...	239
Verminous houses fumigated	...	...	...	...	...	18
Samples of Food and Drugs collected for City Analyst	...	...	...	...	...	295
Samples of Fertilisers and Feeding Stuffs for City Analyst	...	...	...	...	...	12
Samples of Milk for bacteriological examination	...	...	...	...	...	359
Samples of Milk for tubercle bacilli	...	...	...	...	...	3
Samples of Tap and well water	...	...	...	...	...	11
Samples of Ice Cream	...	...	...	...	...	20

Offensive Trades

Offensive trades operated in the City are listed below:-

	<u>Old</u>	<u>Annual</u>	<u>Total</u>
Fellmongers	2	1	3
Rag and Bone	-	3	3
Hide and Skin	1	-	1
Gut Scraper	1	-	1
Fat Melter	1	-	1

No legal proceeding had to be taken during the year for nuisance caused by the operation of offensive trades. The last of the City's tripe boiling establishments closed down during the year.

Common Lodging Houses

There were two common lodging houses in use in the City at the end of 1953, both of which cater for regular lodgers only. There is a need for a municipally owned common lodging house and the provision of such premises is under consideration.

Houses Let in Lodgings

There is a growing tendency to sub-let the older larger houses into tenements, often without any regard to the suitability of the premises or the sufficiency of amenities. It is hoped that projected housing legislation will include provision necessary to control houses let in lodgings.

Factories Act, 1937

The following details are submitted:-

Power Factories	293
Non-power factories	115
Other premises	29

Defects found and remedied:-

Want of cleanliness	3
Inadequate ventilation	3
Ineffective drainage of floors	2
Insufficient sanitary conveniences	6
Unsuitable or defective sanitary conveniences	14

Inspection of Factories

	<u>Number of Inspections</u>	<u>Written Notices</u>	<u>Prosecution</u>
Factories (with power)	105	10	-
Factories (without power)	154	5	-
Other premises (excluding outworkers.)	31	-	-

Outworkers

Number of outworkers on the August list was 974. Occasional visits are made to outworkers' premises and where a case of Infectious Disease occurs the articles are disinfected and the parent firm notified.

Bakehouses

There were 20 bakehouses in the City at the end of 1953. Of these, 15 were classified as factories with mechanical power and 5 without power.

Housing

No further progress has been made with Slum Clearance, but dangerous and virtually untenable property has been the subject of representations under the Housing Acts as follows:-

During the year 25 Demolition Orders and 3 Closing Orders were made. 70 houses were demolished during the year.

Housing Act 1936

Summary of Slum Clearance Action with details of representations. Position at 31.12.53.

	Dwelling Houses	Common Lodging Houses	Houses let in Lodgings	Buildings	No. or persons displaced
From 1930 to 1952	1,632	4	12	18	5,448
1953	32	-	-	-	87

Re-housing

The following details of post war rehousing have been kindly supplied by the City Engineer.

At 17th December, 1953.

New permanent houses	1,716
New temporary bungalows	56
New self-contained flats in converted houses	9
War destroyed houses rebuilt	1
Existing Council Houses let to Housing Register applicants	730
	<u>2512</u>

The total represents an increase of 458 over 1952.

48 houses held by the Local Authority were derequisitioned during 1953.

Fertilisers and Feeding Stuffs Act, 1926.

During the year 2 test samples and 10 formal samples were taken. All were genuine.

Rodent Control

During the year the staff were engaged on 507 cases of infestation.

Estimated number of rats destroyed, 5,300. All refuse dumps, tips, etc. are inspected every three months, and all sewers are treated with poisoned bait every six months.

